

<p>Substitute for form 1449/PTO & 1449B/PTO</p> <p>THIRD INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p>(use as many sheets as necessary)</p>	<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Application Number</td> <td style="padding: 5px;">10/577,662</td> </tr> <tr> <td style="padding: 5px;">Filing Date</td> <td style="padding: 5px;">May 1, 2006</td> </tr> <tr> <td style="padding: 5px;">First Named Inventor</td> <td style="padding: 5px;">Takayuki Yokota et al.</td> </tr> <tr> <td style="padding: 5px;">Examiner Name</td> <td style="padding: 5px;">William M. McCalister</td> </tr> <tr> <td style="padding: 5px;">Attorney Docket No.</td> <td style="padding: 5px;">1034509-000004</td> </tr> </table>	Application Number	10/577,662	Filing Date	May 1, 2006	First Named Inventor	Takayuki Yokota et al.	Examiner Name	William M. McCalister	Attorney Docket No.	1034509-000004
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Examiner Initials	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.

Examiner Signature	/William Mcalister/	Date Considered	02/05/2009
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /W.M./